

Master Case No. MC#		
Project No. ENG		
WORK LOCATION INFORMATION:		
Tract: Parcel	Map: Lot:	
APN(S)	Project Address / Location:	
Description of proposed grading work:		
Estimated start date:  Quantity of earth being moved:		
PROPERTY OWNER:	_ Cu. Tus.	
Name:	Daytime Phone No	<b>.</b> .
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Mailing Address:		7in:
City:		Zip:
Email Address:  COMPLETE THIS SECTION FOR ALL TH.		
	AT APPLY:	
DEVELOPER:		
Company Name:		
Mailing Address:		7:
City:		Zip:
	Daytime Phone No.:	
		_
CIVIL ENGINEER:	1	NI.
Company Name:		NO.:
Mailing Address:		<b></b> -
City:		Zip:
Main Contact: Name:	Daytime Phone No.:	
Email Address:		_

Date:

Fax: (661) 284-1432

SOILS ENGINEER:		
Company Name:	License	No.:
Mailing Address:		
City:	Ctata	Zip:
Main Contact: Name:	Daytime Phone No.:	
Email Address:		_
GEOLOGIST:		
Company Name:	License	No.:
Mailing Address:		
City:	State:	Zip:
	Daytime Phone No.:	
Email Address:		_
BOND SURETY:		
Company Name:		
Mailing Address:		
City:		Zip:
Main Contact: Name:	Daytime Phone No.:	
Email Addr <u>ess</u>	::	_
GRADING CONTRACTOR:		
Company Name:	License	No.:
Mailing Address:		
City:	<b>a</b>	Zip:
	Daytime Phone No.:	
Email Address:		_
24-Hr. Emergency Contact Inform	ation:	
Name:	Phone Number:	
APPLICANT: (Check one)		
□ Property Owner □	☐ Civil Engineer ☐ Geologist	
	☐ Soils Engineer ☐ Grading C	ontractor
	ue and correct to the best of my knowled e issuance of grading permits and the pe	
Print name and company name		
⇒ Signature		Date

## Grading PLAN SUBMITTAL CHECKLIST (1<sup>ST</sup> Submittal)

A Con	nplete	e Grading Plan Submittal Package Includes:
1.		Grading Plan (3 sets)
2.		Soils and Geology Reports (3 sets)
3.		Hydrology/Drainage Study
4.		Storm Water Pollution Prevention Plan for projects over an Acre (SWPP) (2 sets)
5.		Urban Storm Water Mitigation Plan (USMP) (2 sets)  OR  Erosion Control Plan for projects under an acre & where grading will take place between October 1st and April 15th (2 sets)
6.		Copy of Project's Conditions of Approval
7.		Approved Tentative Map or Site Plan (stamped and signed by Planning Division)
8.		Copy of Assessor Map or Recorded Tract Map / Parcel Map
9.		Fee Calculation Sheet and corresponding Plan Review Fee
•	IN	Iditional items may be required to be submitted as the checking process continues.  COMPLETE SUBMITTAL PACKAGES WILL NOT BE ACCEPTED
Comm	nents	
THIS	SEC	TION FOR OFFICE USE ONLY
Case	No.	GRA
Case	No.	SOL
Case	No.	ES